

2003

TAX YEAR

STATE OF RHODE ISLAND – DIVISION OF TAXATION
INFORMATION FOR EMPLOYERS FILING RECONCILIATION OF RHODE ISLAND INDIVIDUAL INCOME TAX WITHHELD
(FORM RI-W3).

1. Enter the employer's name and address in the space provided.
2. Enter the employer's federal identification number.
3. Employers filing monthly or quarterly should enter each periodic payment in the appropriate space on the front of the form. Employers filing other than monthly or quarterly should fill in the reverse side of the form.
4. Reconciliation Form RI-W3 must be filed no later than February 28, following end of the tax year.

5. Send with Form RI-W3 copies of all wage and tax statements for the tax year. (Copy I of the six part optional federal form or the state tax department copy of an approved alternate form). The number of wage and tax statements reported on reconciliation Form RI-W3 should include statements reflecting no withholding as well as those disclosing taxes withheld. These must be accompanied by a totaled list (preferably in the form of an adding machine tape or a mechanically prepared listing) of the amounts of income tax withheld as shown on the Form W-2. This total should agree with the amount stated at item 2B of Form RI-W3. Employers who are not required to withhold tax from any employee according to tax tables must file Forms W-2 with annual return RI-941A.

STATE OF RHODE ISLAND
DIVISION OF TAXATION, ONE CAPITOL HILL, PROV. RI 02908-5809
RECONCILIATION OF PERSONAL INCOME TAX WITHHELD BY EMPLOYERS

FORM-R.I.-W3
2003

TAXPAYER'S COPY

1. ENTER PAYMENTS MADE ON EMPLOYER RETURNS OF PERSONAL INCOME TAX WITHHELD (FORMS 941M, 941Q).

IF YOU FILED QUARTER-MONTHLY RETURNS, ENTER PAYMENTS FOR EACH PERIOD ON BACK OF THIS FORM.

EMPLOYER'S FEDERAL IDENTIFICATION NO.

JAN.	FEB.	MAR.
APRIL	MAY	JUNE
JULY	AUG.	SEPT.
OCT.	NOV.	DEC.

NOTE: EXPLAIN ANY DIFFERENCE BETWEEN THE AMOUNTS IN ITEMS 2A AND 2B IN AN ATTACHED STATEMENT.

2A. TOTAL PAYMENTS
2B. TOTAL TAX WITHHELD DURING 2003 AS SHOWN ON STATE FORMS TRANSMITTED.

ENTER HERE THE TOTAL NUMBER OF RHODE ISLAND STATE WAGE & TAX STATEMENTS (FORM W2) SENT WITH THIS RECONCILIATION FORM.

SIGNATURE

TITLE

DATE

STATE OF RHODE ISLAND
DIVISION OF TAXATION, ONE CAPITOL HILL, PROV. RI 02908-5809
RECONCILIATION OF PERSONAL INCOME TAX WITHHELD BY EMPLOYERS

FORM-R.I.-W3
2003

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6. Form W-2 must contain the following information:

- a. Complete name, address and social security number of the employee.
- b. Total wages (including tips) paid in the tax year and compensation not subject to withholding.
- c. The Rhode Island tax withheld amount must be clearly identified.
- d. Full name and address of the employer.
- e. The employer's federal identification number.

7. Do not enclose any remittance for taxes withheld from your employees with the package of wage and tax statements and Form RI-W3 which you send to the Rhode Island Division of Taxation. Remittance for taxes withheld should be mailed with the employers return form (941-QM – 941-M or 941Q).

8. Employers who use mechanical or electronic listing equipment may substitute a listing or magnetic tape in lieu of state tax department copy of W-2. (Employers who wish to submit magnetic tapes must obtain prior written approval of tape formats from the Rhode Island Division of Taxation).

9. If necessary, further assistance may be obtained at the Division of Taxation, One Capitol Hill, Providence, Rhode Island 02908-5809.

MONTH	1st QTR. OF MONTH	2nd QTR. OF MONTH	3rd QTR. OF MONTH	4th QTR. OF MONTH	TOTAL
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTAL FOR YEAR-ENTER HERE AND ON LINE 2A (FRONT)					

TO BE USED ONLY BY EMPLOYERS FILING QUARTER-MONTHLY RETURNS.

MONTH	1st QTR. OF MONTH	2nd QTR. OF MONTH	3rd QTR. OF MONTH	4th QTR. OF MONTH	TOTAL
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
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